

PATENT
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: A. Aguzzi, *et al.*

Serial No.: 09/554,567

Filed: September 1, 2000

Title: DIAGNOSTICS AND
THERAPEUTICS FOR TRANSMISSIBLE
SPONGIFORM ENCEPHALOPATHY AND
METHODS FOR THE MANUFACTURE OF
NON-INFECTIVE BLOOD PRODUCTS
AND TISSUE DERIVED PRODUCTS.

Group Art Unit: 1648

Examiner: U. Winkler

Date: January 29, 2004

**CERTIFICATE OF MAILING (37 CFR
1.8 (a))**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the:

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
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Date of Deposit: January 29, 2004

Wanda E. Smith
Wanda E. Smith

TRANSMITTAL LETTER

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed herewith is the Notice of Appeal of A. Aguzzi, *et al.*, for "DIAGNOSTIC AND THERAPEUTICS FOR TRANSMISSABLE SPONGIFORM ENCEPHALOPATHY AND METHODS FOR THE MANUFACTURE OF NON-INFECTIVE BLOOD PRODUCTS AND TISSUE DERIVED PRODUCTS", Serial No. 09/554,567, filed September 1, 2000.

Also enclosed is a return receipt postcard.

The Commissioner is hereby authorized to charge any Filing Fees required under 37 CFR 1.16, as well as any patent application processing fees under 37CFR 1.17 associated with this communication for which full payment has not been tendered, to Deposit Account No. 01-0025. A **duplicate copy of this sheet is enclosed.**



23492

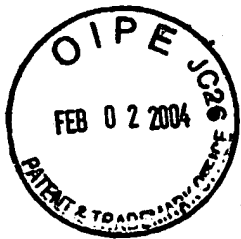
ABBOTT LABORATORIES
Telephone: (847) 935-7550
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Wood, Phillips, Katz, Mortimer & Clark
500 West Madison Street
Suite 3800
Chicago, IL 60662-2511
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Respectfully submitted,
A. Aguzzi, *et al.*

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Date of Deposit: January 27, 2004

Wanda E. Smith
Wanda E. Smith

NOTICE OF APPEAL

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicants hereby appeal to the Board of Appeals from the decision dated
November 14, 2003, of the Examiner finally rejecting Claims 35-37.

Please charge deposit Account 01-0025 in the amount of \$330.00 to cover the cost
of the Notice of Appeal. Any deficiency or overpayment should be charged or credited to
the above-numbered deposit account. A duplicate of this sheet is attached.



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